

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR	FIRST MARIO	MI A.
	NICKNAME	LAST CRUZ	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 188 Westlake Blvd. Eagle Pass, TX. 78852		
	By AM-78		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (830)	PHONE NUMBER 352-6996	EXTENSION
	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / <input checked="" type="radio"/> MRS / MR	FIRST Nancy	MI
	NICKNAME	LAST Rodriguez	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <input checked="" type="checkbox"/> (Residence) or <input type="checkbox"/> Business		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 188 Westlake Blvd. Eagle Pass TX. 78852	
8 CAMPAIGN TREASURER PHONE	AREA CODE (830)	PHONE NUMBER 968-8460	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 12 / 17 / 25 THROUGH Month Day Year 12 / 31 / 25		
11 ELECTION	ELECTION DATE Month Day Year 03 / 03 / 26		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Commissioner Pet. 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

RECEIVED

OFFICE USE ONLY

Date Received **JAN 15 P.M. 4:39 PM**

By **AM-78**

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

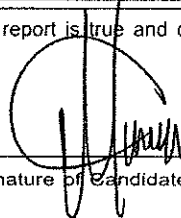
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>MARIO A. CRUZ</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

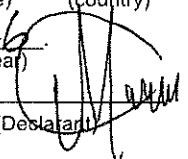
Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is MARIO A. CRUZ, and my date of birth is 03-16-1973
 My address is 188 Westlake Blvd., Eagle Pass, TX, 78852 USA
(street) (city) (state) (zip code) (country)
 Executed in Maverick County, State of Texas, on the 15th day of January, 2026.
(month) (year)



 Signature of Candidate/Officeholder (Declarant)